

The promotion of women's autonomy during family health nursing consultations

PROMOÇÃO DA AUTONOMIA DA MULHER NA CONSULTA DE ENFERMAGEM EM SAÚDE DA FAMÍLIA

PROMOCIÓN DE LA AUTONOMÍA DE LA MUJER EN LA CONSULTA DE ENFERMERÍA EN SALUD DE LA FAMILIA

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ABSTRACT

We adopted a qualitative approach combined with the methodological framework of Paulo Freire, consisting of thematic investigation, coding and decoding, and critical unveiling, to understand whether nursing consultation promotes women's autonomy in a health center. Six Culture Circles that were each two hours long were conducted, with an average of nine participants each, between May and July 2011. The investigation revealed eight topics of importance, although two were particularly important: the need for dialogue on domestic violence and the relationship between nurses and participants during consultations. The results indicate that consultations may present a space for women to take actions that they may otherwise be fearful to take. Our results highlight the need for multidisciplinary training of nurses with regard to strategies for promotion and intensification of their practices in the Unified Health System.

DESCRIPTORS

Women
Nursing care
Health promotion
Personal autonomy
Primary Health Care

RESUMO

Pesquisa de abordagem qualitativa articulada com o referencial metodológico de Paulo Freire, consistindo de três momentos: investigação temática; codificação e descodificação; desvelamento crítico. Objetivou compreender se a Consulta de Enfermagem promove a autonomia das mulheres em um Centro de Saúde. Constituíram-se seis Círculos de Cultura com duas horas de duração e média de nove participantes, ocorridos entre maio e julho de 2011. A investigação revelou oito temas, que foram desvelados em dois, necessidade de escuta e diálogo sobre violência doméstica, relação do enfermeiro e participantes na Consulta de Enfermagem. Os resultados indicam que a Consulta pode constituir-se como espaço para o desenvolvimento de ações de Promoção, que ocorrem ainda timidamente no Centro de Saúde. Como possibilidades e limitações destacam-se a necessidade de capacitações multiprofissionais para compreender questões conceituais e estratégias de Promoção, intensificando suas práticas em todos os espaços do Sistema Único de Saúde.

DESCRIPTORIOS

Mulheres
Cuidados de enfermagem
Promoção da saúde
Autonomia pessoal
Atenção Primária à Saúde

RESUMEN

Investigación cualitativa articulada con referencial metodológico de Paulo Freire, consistente en tres momentos: investigación temática, codificación y decodificación, y revelación crítica. Se objetivó comprender si la consulta de enfermería promueve la autonomía de las mujeres en un centro de salud. Se constituyeron seis círculos de cultura, de dos horas de duración, con nueve participantes promedio, entre mayo y julio 2011. La investigación determinó ocho temas, revelados en dos, necesidad de ser escuchado y diálogo sobre violencia doméstica, relación del enfermero y participantes en la consulta de enfermería. Los resultados indican que la consulta puede constituirse en espacio para desarrollo de acciones de promoción, que suceden, aún tímidamente, en los centros de salud. Como posibilidades y limitaciones se destacan la necesidad de capacitaciones multiprofesionales para entender asuntos conceptuales y estrategias de promoción, intensificando sus prácticas en todos los espacios del Sistema Único de Salud.

DESCRIPTORIOS

Mujeres
Atención de enfermería
Promoción de la salud
Autonomía personal
Atención Primaria de Salud

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INTRODUCTION

Commitment to care and the ability to strengthen people's autonomy are skills that nursing professionals are introduced to at the beginning of their education. *Respect for the autonomy and dignity of each person is an ethical imperative, and not a favor one can or cannot grant one another*⁽¹⁾. This notion is reinforced by the fundamental premise that those who practice the educative process from a critical perspective should have the goal of enhancing the personal strength of the people with whom they interact⁽²⁾. It is necessary to help human beings help themselves, allowing them to become agents of their recovery, with a critical and reflexive attitude towards their problems.

Autonomy can be reflected as a condition of health and citizenship, and therefore, it is a fundamental value, but one that is not, and cannot be, absolute. Autonomy should be constructed in a process of successive production in a network of malleable dependence, and it is necessarily reduced in the case of illness. Autonomy should be built continuously in its interrelation with dependence in daily life. It is difficult to consider autonomy in the health care field without considering autonomy in the general field of politics and life. The relationship between autonomy and dependence is present throughout one's lifetime, both at the individual level and at the society level⁽³⁾.

The intent of this research was to understand whether nursing consultations promote women's autonomy at a health center that operates in the framework of the Family Health Strategy (FHS). We investigated the actions of nursing professionals aimed at the promotion of women's health, with an emphasis on features such as autonomy and dialogue, as well as the improvement of spaces for communication and listening. These characteristics were highlighted when emphasizing the health professional's role as an instrument of support for the autonomy of the participants; such support can be achieved by strengthening their skills for coping with stress and crises and improving patient attitudes regarding their lives and health⁽²⁾.

The decision to work with women is justified by experiences as a member of a Family Health Strategy team. The experience of distinct social realities allows for novel perspectives. In the delivery of care to women who attend nursing consultations, there is a need for comprehensive reception, including qualified listening.

This approach to health is one of the main strategies for the reorganization of services and the redirection of professional practices at this level of care. The First In-

ternational Conference on Health Promotion was held in 1986 in Ottawa, Canada, and the Charter to achieve health for all by the year 2000 was presented. Health Promotion was defined as a process that enables individuals and communities to improve their quality of life and health, allowing people to have greater control over their health so that they can identify and achieve their aspirations, satisfy their needs and change or cope with the environment⁽⁴⁾.

In Brazil, the National Health Promotion Policy, which was put into practice in 2006, addresses the importance of subjects' autonomy in health services. Therefore, it is important to improve professionals' perspectives with the goal of encouraging the health potential of individuals and groups. Rather than remain restricted to the treatment of manifest diseases and situations, we must expand therapeutic projects that acknowledge quality of life as a health target⁽⁵⁾.

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The FHS is a rich and outstanding field in which Health Promotion has gradually gained ground. Professionals and communities have begun to perceive Health Promotion as a strategy for improving health and quality of life, assuming that the tasks in their daily work are a key point of their actions. Nursing has become increasingly important, and the nursing consultation has acquired more value and professional visibility.

Based on past experiences, the nursing consultation is understood not only as a clinical and pre-established space associated with specific standards and routines but also as a space to approach and welcome participants who visit the service to seek further contact with the area of women's health. The nursing consultation represents a space for dialogue, reflection and empowerment for women to take control of their health, to establish healthy habits, to claim their rights and control over the determinants of their own health and that of their families and to strengthen their autonomy.

In the same context, some health centers establish Health Promotion practices to provide a welcoming space for dialogue for patients. When considering the different experiences in family health, however, there is a need to stimulate the autonomy and empowerment of health system participants. In the dialogic and participatory model, all stakeholders, professionals and participants act as equals, despite playing distinct roles. The author also emphasizes that in the participatory process, the perspectives and priorities of both professionals and communities are legitimate and valued⁽⁶⁾.

Based on the issues described above, the intent of this study is to investigate whether nurses' Health Promotion actions during FHS consultations stimulate women's

autonomy as subjects and authors of their own lives and thus improve women's perception of the relationship between health and quality of life. In particular, our intent is to reflect on how women's autonomy is stimulated during nursing consultations as part of the Family Health Strategy.

Based on this context, the objective of this study is to understand whether the nursing consultation is focused on Health Promotion actions that enhance women's autonomy in the realm of Family Health.

METHOD

A qualitative and participatory study was developed based on the theoretical reference framework of Health Promotion and the method described by Paulo Freire. Freire's Itinerary was used, which comprises the following steps: thematic investigation, coding and decoding and critical discovery.

The research was undertaken in Florianópolis, in the state of Santa Catarina, Brazil. In that city, the Primary Health Care Network is based on the Family Health Strategy – FHS, which is divided into five health districts designated as the Central, Continental, Eastern, Northern and Southern Health Districts(7). The health center (HC) that was chosen for the study is located in the Continental Health District and was founded in 2005.

The participants were women who participated in nursing consultations (prenatal visits, pap smear collection, child care, family planning, elder care, adult health, hypertensive and diabetic treatment, mental health, and Health Promotion) and were invited during a teaching traineeship.

Twelve women participated in the study. The participants were married or single and between 18 and 79 years of age. The decision to conduct the study at only one health center was due to the limited time available to develop the four phases proposed in Paulo Freire's Research Itinerary using Culture Circles and due to the difficulty of recruiting women to participate in these meetings. Freire's Research Itinerary outlines that Culture Circles can take place with a limited and irregular number of participants, as they provide a dynamic and flexible method that permits approximation between the researchers and the research subjects, turning the researcher's theme of interest into a possibility of collective interest. Epistemological rigor is ensured by profound and comprehensive reflection on reality, which helps develop the subject's autonomy. To guarantee anonymity in accordance with ethical research principles, the participants' names have been replaced with codenames extracted from the educator Paulo Freire's work *Pedagogy of Autonomy*, published in 2009.

The themes were investigated between May and July 2011. During this three-month period, the thematic re-

search, coding and critical discovery phases were undertaken during six Culture Circles that were held at fifteen-day intervals.

The mean duration of the Culture Circles was two hours. Each session was held in the health center's auditorium at 2 p.m. on scheduled Wednesdays. The research objectives were displayed, and the Informed Consent Terms (ICT) were presented and explained to each research participant. The Culture Circle environment was arranged to enhance dialogue between the subjects, the research aids and the mediator.

The generated themes were coded and decoded through dynamics and dialogic circles. The first themes raised were reduced to eight main themes, which were discussed during the Circles, coded and decoded, and then discovered during the fifth and sixth Culture Circles, giving the participants a new perspective on the nurses' role in FHS, allowing recovery of the participants' autonomy in the Unified Health System (SUS), and stimulating a continuous process of action and reflection regarding the participants' life histories and social roles.

The research themes were discovered with the help of all subjects involved in the study, as suggested by Freire's method. The theoretical framework of Health Promotion, in combination with Freire's concepts, contributed to the critical discovery process of the themes that emerged from the Culture Circles. This phase was focused on the research subjects' autonomy and co-accountability, their potential for empowerment and their quality of life.

To register the themes, a field notebook was used to record important observations for the subsequent phases of the Culture Circle study. In addition, an audio recorder was used, with the participants' permission, to record the entire meetings.

To improve the quality of the records, two research aids and a volunteer psychology student collaborated.

After each Culture Circle, complementary meetings were held between the research advisor and research aids to reflect on the themes that had emerged and to determine how proceed to the next Circle. These meetings permitted reflection on the themes investigated during the previous meeting and thus allowed for dialogue about how to conduct the subsequent session of collective reflection.

The research was approved by the Florianópolis Municipal Health Secretary and the Research Ethics Committee at Universidade Federal de Santa Catarina CEP/UFSC under opinion 1133/11, FR 385731, on November 29, 2010.

In compliance with National Health Council Resolution 196/96 concerning research involving human beings, the principles of beneficence, non-maleficence, justice and autonomy were observed, as well as the principles of the Professional Ethics Code in Nursing.

RESULTS

Thematic investigation

The first Culture Circle was held in the health center auditorium with nine participants. Initially, a dynamic and relaxing activity was proposed to allow all participants to introduce themselves. The participants were asked to mention three qualities that they admire in themselves and three attitudes they would like to change. This introduction enhanced inclusion in the group's dialogic process and permitted the presentation of the research and initial investigation of the main generating themes as they related to the participants' reality.

In this phase, 45 themes were surveyed that reflected the participants' reality, allowing for dialogue and for the coding and discovery of themes. A dynamic activity was conducted that used labels to list the generated themes on a panel for collective visibility and further coding. As a result of the reflection, this first phase culminated in the reduction of the 45 initial themes to 23 themes that were of interest to the participants in the Culture Circle. During the final reflexive process in this first phase, seven themes related to the needs of the women who participated in the study were highlighted: Conflicting family relations; Losses/social isolation; Adoption: Different conceptions of generations; Need for listening and dialogue; Domestic violence; and Nursing consultation. These themes were further considered during the coding and decoding phase.

It is important to emphasize that the themes raised reflect the reality of the participants' lives, including their emotions, their family conflicts and their conceptions of the process of health and disease. In the course of this process, the research question was introduced in relation to the research subjects' desires and their need to express the daily feelings that interfere with their way of life.

Coding and decoding

Dialogue in the Culture Circles took place in a horizontal and cordial manner, respecting each participant's needs and interests. As themes emerged, they were discovered according to the subjects' degree of interest. The themes generated during the first Culture Circle did not explicitly relate to the research question about women's autonomy during nursing consultations. Dialogue with the participants revealed the immediate problems that interfered with their daily lives.

In the coding and decoding phase of the themes highlighted during the Culture Circles, adoption was prioritized due to the participants' desire to reflect on this issue. To support and motivate debate in the Circle, the movie *Maternal Love (Mother Buffalo rescues her young caught by lions)* was presented, correlating it with situations related to adoption. This short movie permitted problematization of the participants' feelings about *being a mother* and

implications in the case of adoption. The movie depicts a story of animals fighting to survive, and emotional statements such as the following ones arose: *How beautiful... Everyone working, helping a single one... (Curiosity); That is what humans do... How sad when they don't... When they do not take care of the young... (Sensitivity).*

Dialogue about the theme of adoption reinforced the participants' sensitivity and affection and allowed them to express their feelings and anxieties related to family conflicts. The union between peers and the importance of mutual cooperation were discussed. Reflections about the movie motivated a debate about family and human relations, as well as dialogue and qualified listening regarding the theme of conflicting relations and domestic violence. The depth of the comments about issues related to these themes was noted, as was the lack of space to further address and experience this. Among the statements that arose related to the theme of domestic violence, several are highlighted below:

So, he hit me... and everyone heard! I yelled... when he slapped me I did not react... I could have filed a complaint, but I didn't...I don't want to ruin his image! So what am I going to do? I'm going to separate and that's it! That's the best I can do... (Criticality).

With regard to this theme, the researchers attempted to reflect with the participants about the importance of women gaining strength in all aspects of their lives, seeking to be valued as holistic beings, and highlighting their strengths in the group to overcome their weaknesses.

When coding and decoding the theme of domestic violence, represented by humiliation, infidelity and separation, we noted the participants' low self-esteem. Domestic violence prevents victims from expressing their feelings of constant oppression. The opportunity to participate in the Circles allowed the women to construct new possibilities to transform and improve their quality of life. The theme of domestic violence is reflected in the following statement:

I no longer complain to my husband... That is why, when you invited me to come here, I made sure to come... She knows, we go to the gym together, right, so we're like a family... But there's none, right... They aren't strange people we can't blow off steam with, talk... I really like to participate because I can tell, I have someone to be able to blow off steam with... (Commitment).

Furthermore, many comments were made about the objectification of women and their social role with regard to domestic violence. In their statements, the women expressed their inability to expose themselves and exercise their rights as the true authors of their lives. Participants indicated that the Circle permitted them to discuss their opinions and report histories, as demonstrated in the following comments:

It is good to talk like this... I got out of the depression because of the lecture in the group I participated in... I felt great pity when I got out of there... Then we see that everyone's got problems... (Commitment).

The theme of Nursing Consultation was problematized with the participants; they discussed their relationship with the nurse and their identification and attributions at the health center. These topics guided the debate in this phase of the Research Itinerary, encouraging collective reflection. One theme that emerged was the participants' difficulty in identifying the nursing professionals among other multidisciplinary team members. Another issue that was highlighted relates to nursing care. The participants revealed their knowledge about the main services offered at the unit: *Dentist, general clinician, there's a gynecologist, but also the girls who measure the pressure... (Listening)*. The Health Center also offers pap smear collection services, as coordinated by the nurse. Most participants were aware of this service, but they did not identify this activity as being part of the nursing consultations. They described the nursing consultation like other routine health actions at the unit: *I have already been through a consult with E1... She always gives room for me to talk... It's very good for me... (Commitment)... I have never been through any consult with any of the nurses... (Listening)*.

The subjects who participated in the Culture Circles revealed that the theme of domestic violence was a priority in the debate. The nursing consultation was still not acknowledged by the participants as an element that could help them overcome their problems; rather, the nursing consultation was only understood as a technical and routine activity in the health center.

Critical discovery

The Critical Discovery phase was accomplished during two Culture Circles in which, on average, six women participated. It was observed that among the eight themes that were coded and decoded, the themes that were the most predominant were the need for listening and dialogue about domestic violence and the nurse's relationship with the users during the nursing consultation.

Hence, during this phase of the Itinerary, and through the approximation of the themes, the generated themes of *need for listening and dialogue about domestic violence* and *the nursing consultation* were identified simultaneously. In the discovery phase, the women's participation as subjects and as the authors of their lives was stimulated, empowering them in their daily realities. At this retrospective moment, the themes that had been coded/decoded previously were raised in the Circle again for debate so that participants could reflect on, problematize and become critically aware of the themes and their limitations.

To enrich reflection about the highlighted themes, participants were encouraged to debate the importance of expressing their feelings in the Culture Circles. Participants shared opinions related to domestic violence, dialogue with the nurses at the Unit, the meaning and importance of the nursing consultation as a space to overcome conflicts and receive care, and the integration of other Family

Health team professionals. There was also additional, relaxed dialogue about the participants' life histories, which allowed participants to strengthen their experiences in a space where they could relieve anguish and gather together, as revealed in the following statement:

We have nothing to hide... it's a cry (Listening).

The fact that the participants were able to express their hidden feelings towards domestic violence contributed to their ability to overcome these limiting situations and facilitated participant empowerment.

One group suggested that the Culture Circle debates could contribute to increased dialogue with nurses during consultations. The participants referred to the limited time and duration of the consultations, as well as the need for room for dialogue to discuss their true needs and feelings, which are often overlooked. This situation reveals limitations in the professional education model, as well as a health system that depends on quantitative productivity. It also reveals the challenges that exist in work processes that aim to promote bonding and qualified listening, such as the welcoming of participants into the system. Additionally, the participants perceived limitations to interdisciplinary practice with regard to the ability of the Family Health teams to develop their actions. According to the reflections collected from the Culture Circles, it is apparent that difficulties exist with regard to distinguishing among multiprofessional team actions, as well as understanding and implementing multidisciplinary team actions. These difficulties influence the participants' perceptions and understanding of the distinctions between different health consultations; sometimes, the participants confused mental health nursing consultations with psychologist and physician consultations:

It depends on the doctor... because right now, without knowing, you asked me that... did the same doctor, perhaps unknowingly, ask the same question? That's what makes me... (Curiosity)... there's a huge difference... Ah, just by talking we already know people who are attentive and people who are not... (Listening)

By completing Freire's Itinerary, the researchers encouraged dialogue as a method for developing personal autonomy, addressing existing gaps and strengthening the tools used to practice Health Promotion.

In the final Culture Circle, each participant received a flower of a different color, emphasizing her unique qualities and potential and highlighting the importance of women's autonomy in a social context. The Circle was ended in a relaxed manner that acknowledged the group participants and emphasized their potentials, limits and strengths, as favored by this research context and method. The participants' increased understanding regarding the relationship between health and illness was observed, and the relationship between Health Promotion, quality of life and the use of principles such as friendliness,

commitment, cooperation, co-responsibility and solidarity was emphasized. These structural values are essential for dialogue and reciprocity.

DISCUSSION

Throughout the process of discovery of the generated themes, the Culture Circles enhanced the participants' approximation and autonomy with regard to the different aspects of the health field, particularly the nursing consultation in the FHS. Although the SUS has invested in care-humanization policies through the implementation of welcoming activities for users, this study reveals the need to improve collective reflections and qualified listening in health services to achieve genuine Health Promotion and enhanced quality of life for patients.

The humanization policy proposed by the Ministry of Health values the different subjects involved in the health production process, including users, workers and managers. The values guiding this policy are subject autonomy and the protagonist role, the co-accountability of subjects, the establishment of bonds of solidarity, and collective participation in the management process⁽⁸⁾ as key tools for this research.

Autonomy is considered to be the ability to make independent decisions regarding issues related to the individual. An autonomous individual is capable of making his or her own personal choices and demands to be treated with respect for his or her self-determination and co-responsibility⁽⁹⁾.

Our study results allow for reflection and a broader understanding of the nursing consultation with regard to women at a Family Health Center. Through the adoption of Freire's Itinerary, the researchers were able to promote a dialogic interaction between participants in the Culture Circles and to achieve true, comprehensive, in-depth data collection. It is important to reinforce that the ambitions, motives and goals implicit in the themes presented by the Culture Circles are human aspirations, goals and motives. Therefore, these themes are not static concepts; instead, they are dynamic topics that require further exploration⁽¹⁰⁾.

The data reveal that there is a lack of space at the Family Health Center for dialogue with and the welcoming of its users. Throughout this study, limiting situations such as domestic violence were overcome, and awareness was gained that helped participants cope with the circumstances of the health and disease process and achieve a better quality of life. These achievements were facilitated by the creation of solidarity among the participants. The philosopher Paulo Romualdo Hernandez emphasizes the importance of human reflection on the challenges and problems that emerge in the course of life. He also highlights that human beings need to be aware that they are part of a larger context and that they should achieve harmony and balance within that context.

The nursing consultation is perceived as an activity that is specific to nurses, conquered in the history of the category's struggle. It is conceptualized as a *methodological process of knowledge systemization, which takes form in a method applied within an educational and care perspective, capable of responding to the complexity of the care subject*⁽¹¹⁾. Nevertheless, a problem was observed with regard to the users' understanding of the distinction between medical and nursing consultations. A hidden understanding was revealed about this professional's tasks and visibility, which may be related to the lack of identification and clear delimitation of each professional's activities and competencies in the FHS.

A nurses' valuation is highlighted not only in his or her area of activity, but in all fields that he or she may take part in, especially in Health Promotion and its strategies. It is relevant to stimulate political aspects of knowledge, which feeds nurses' autonomous activities, in view of the manipulations by different professional groups, managers and rule-makers who operate in the background of health services⁽¹²⁾. To provide comprehensive, systemized, humanized care, nurses must promote individual and collective changes with regard to disease prevention as well as health promotion and recovery. Many of these changes involve women and their families and are related to epidemiological issues⁽¹³⁾.

The understanding of the nursing consultation was improved, and this activity was clearly identified as a nursing responsibility. However, to change current misperceptions about the nursing consultation, it is essential for nursing professionals to take responsibility for their actions, step outside of their comfort zone and face challenges by using their competencies and intervening proactively according to different social demands⁽¹⁴⁾.

The nursing consultation is highlighted as a space that supports women's empowerment and their ability to overcome domestic violence situations. According to Freire,

autonomy is a gradual process of maturing, which happens across the lifetime, enabling individuals to make decisions and, at the same time, bear the consequences of this decision, thus taking responsibilities⁽¹⁵⁾.

From this perspective, the empowerment of the research participants not only corresponds to a *psychological, individual act, but a social and political act*⁽¹⁶⁾. Individual empowerment allows individuals to better perceive their own lives, to be capable of influencing and adapting to their environment and to enhance mechanisms of self-help and solidarity⁽¹⁷⁻¹⁸⁾. The concept of social or community empowerment highlights the idea of health as a process that results from a collective fight of individuals for their rights. This concept does not ignore psychological aspects, but it attempts to highlight the importance of confronting the origins and causes of social inequity. For social empowerment to take place, however, it is impor-

tant to understand that macrostructural conditions determine an individual's daily reality and that these conditions influence and signify the macro-social level in an interdependent manner⁽¹⁸⁾.

It is important to keep in mind that dialogue does not annul how the act of teaching is considered at times. By contrast, dialogue supports this act, which is completed through the act of learning and gaining autonomy. Horizontal dialogue only becomes truly possible when the educator's critical, restless thinking does not constrain the students' ability to think critically or start thinking. When the educator's thinking hampers the development of the students' thinking, timid, inauthentic or sometimes purely rebellious thinking tends to be aroused in the students⁽¹⁹⁾.

The Culture Circle, as a collective space for dialogue, made it possible to decode the nursing consultation, its activities (both private and public) and its attributions in the Family Health Strategy. Further reflection was stimulated with regard to the nurses' role, and awareness was raised regarding the participants' previous knowledge and experience of reality. The results will certainly engender new care opportunities and a new approach to life. The participants demonstrated their ability to reflect on their conception of their own acts and background, perceiving solutions that were not understood previously and reflecting on their own prejudices.

CONCLUSION

This study describes the experience of participants in Culture Circles, highlighting the relevance of dialogue as a research tool, regardless of where that dialogue takes place. In this case, participants and professionals from a Family Health Center contributed to the development of the study within an innovative framework of critical-reflexive methods. Paulo Freire's Research Itinerary permits acts of action-reflection and action, turning researchers

into not only *interviewers* and *data collectors* but also facilitators and study participants.

According to the study participants, the nursing consultation serves as a fundamental space for nurse actions. Nurses are understood as subjects capable of significantly contributing to overcoming the limiting situations that interfere with women's lives. The themes presented, including domestic violence and the need for listening, dialogue and understanding of the FHS professionals' different roles, can also be overcome through dialogue during the nursing consultation. The study revealed that the nursing consultation can serve as a space for the development of Health Promotion actions, which are still limited in the coverage area of the Health Center that was selected. Therefore, multiprofessional training is needed to help nurses understand the conceptual and strategic issues related to Health Promotion.

The ability to complete a study in a short time period is one of the advantages of Paulo Freire's Method. This method permits the identification of themes in short Culture Circles, and it has flexible methodological steps. In this case, six Culture Circles were held over a two-month period. The reflection that took place in the Circles was not interrupted after the research themes were revealed, leading to actions that could contribute to overcoming and transforming the realities under investigation. The participants' capacity and willingness to develop actions were perceived, but the study deadlines created a limitation for the group.

In view of the possibilities and limitations that were identified by the women who participated in the Culture Circles, it can be concluded that Health Promotion practices in primary health care need to be improved, guaranteeing space for dialogue not only in nursing consultations but in all actions undertaken at the Health Unit. Continuing education and training, focusing not only on Health Promotion but also on the humanization of care and on more welcoming nursing consultations, are recommended for health professionals.

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